THE Medical Missionary

February 1946

VOL. XX No. 2

IN THIS ISSUE:

PROPAGANDA—CATHOLIC WORD AND WORK 19
THE REV. EDWARD L. MURPHY, S.J.

DOCTORING WITHOUT A LICENSE 21
GERTRUDE EMERSON

MOVING DAY 25
SISTER IGNATIUS MARIE, S.C.M.M.

"LIKE AN ELEPHANT" 26
SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

"DEAR UNCLE SAM" 28
SISTER M. ALMA JULIA, S.C.M.M.

THE SOCIETY AT HOME AND ABROAD 30

ACROSS THE PAGES . . .

OUR CATHOLIC PRESS FEATURE for this month is Father Edward L. Murphy's analysis of the function of the mission press. Father Murphy holds a Doctorate in Missiology from the Gregorian University in Rome and has been on the mission field as a member of the faculty of the Ateneo de Manila, Philippine Islands. At present he is stationed at Weston College, Weston, Massachusetts.

"HEALTH STATISTICS are an index of an efficient concern or culpable lack of concern on the part of a government or administration for the welfare of its people, but they are not an infallible guide by which to judge the people themselves." "Doctoring Without a License" concludes our excerpts from Gertrude Emerson's VOICELESS INDIA.

"RIP THAT CARPET OFF THE FLOOR," does not apply in India. "But," writes Sister Ignatius Marie, "there are plenty of other things to make up for it"—MOVING DAY included!

"DEAR UNCLE SAM" is a belated "thank you" to the U. S. Government. Read it to learn the why and wherefore.

YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

THE MEDICAL MISSIONARY
8400 Pine Road
PHILADELPHIA, PA.
Member of the Catholic Press Association
SISTER M. LOYOLA, S.C.M.M.
Editor
Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia 11, Pa., in the interest of Medical Missions and Women of the Orient.
SUBSCRIPTION
$1 per year; $5 for 6 years
Entered as second class matter, September 11, 1928, at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

Holy Family Hospital, Rawalpindi, India
Holy Family Hospital, Patna, India
Mitford Muncipal Hospital, Dacca, Bengal, India
The Santa Fe Catholic Maternity Inst., Santa Fe, N.M.
The Catholic Colored Clinic, Atlanta, Georgia.

It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:
Sister Superior
MEDICAL MISSION HOUSE
8400 Pine Road, Fox Chase
Philadelphia 11, Pa.

Propaganda . . .
Catholic Word and Work

by

The Rev. Edward L. Murphy, S.J.

The word propaganda has been perverted from its early association with the extension of the Catholic faith. Once it referred to the heroic effort of the Church to teach all things whatsoever Our Lord had told his apostles. Now it is used to describe the effort of parties, nations and races to impress their own ideas on mankind. The Holy Father remarked early in the war that the first casualty in such a conflict is truth. This has been amply proven by both sides in the attempt to whitewash the inhumanity of one's own deeds, to proclaim the righteousness of one's own cause and to completely blacken one's enemies. This attempt has been called propaganda. It has been accomplished by spreading half-truths, by suppressing other truths, even by lies. Propaganda now relies upon emotion and passion, not upon reason and truth. The nations of the world have done a hideous disservice to humanity by deliberately dethroning truth and putting in its place expediency, emotion and passion. All mankind has been dishonored by the abdication of reason on the part of the modern propagandist.

Cherished Catholic Word . . .

While the word in modern jargon has been surrounded with suspicion, it is still a very cherished word among Catholics. In Rome we have a Congregation de Propaganda Fide (for the Propagation of the Faith) which directs the vast missionary work of the Church. There is also the College of Propaganda where young clerics learn not the tricks of modern publicity but prepare themselves for extending the faith throughout the world. The word for us is full of the deepest meaning: the love, the heroism, the sacrifice, the labors, the martydoms of centuries on the part of those who have striven to reach the ends of the earth with the truths of Redemption and the Church. It calls forth the most stirring memories of monks, priests, brothers and sisters penetrating the deepest jungles, crossing the snowy wastes of of the poles, treading the pathways of the world, riding across the seven seas with only one thing in mind—to give Christ and His Church to all men. It summons to our minds the vision of chapels, churches, schools, convents, monasteries, hospitals, orphanages, spreading slowly across the face of the earth and on the top of each one the Cross, silently preaching the truth of God's love and mercy for men. It rings with the echo of Our Lord's words, "As the Father has sent Me, I also send you. Go and teach and baptize." It holds the wonderful history of 1900 years. For the Catholic the word propaganda is a soul-filling word portraying the indestructibility of the Church, the growth of the Kingdom of God, the universality of our faith, the catholicity of our life in Christ, the undying vitality and fertility of the Mystical Body of Christ.

Mission Press—Vehicle of Truth and Act . . .

An essential vehicle of this phase of Catholic truth and act is the mission press. The strength and energy with which the Church is able to extend itself across the world depend upon the knowledge and inspiration of the faithful. If the faithful are ignorant of this gigantic effort of expansion, then the missionary Church suffers from the lack of prayer, vocations and support. There is no substitute for understanding and knowledge. Those engaged in the missionary expansions of the Church agree that the important need at the present time is the education of the faithful to the whole missionary idea and objective of the Church. The Church in America cannot hope to meet the challenge of the hour or to accept the call of Divine Providence for an unprecedented missionary spirit, unless it understands the necessity of universal participation in this essential expression of Catholic life. It is the specific function of the mission press to give this knowledge and to arouse intelligent enthusiasm.

There are always two movements in the Church; two directions to the life which fills the Body of Christ. One looks to the deepening and defense of the life of the Church where it is already established. The other looks to the growth of the life of the Church beyond its present frontiers to the ends of the earth. Catholic life in all its movements and expressions must be intelligent. The more intelligent it is, the more effective it will be. The mission press brings to the faithful that knowledge which will make this missionary impulse intelligent. Its purpose is to gain the attention of the Catholic world for a

work which should be as much a part of Catholic life as anything else in the faith. It must educate Catholics to that fullest expression of Catholic life which is totally realized only by the will and effort to extend the faith according to the will of Christ.

Ordinary experience with Catholic attitudes soon reveals that in the minds of too many the growth of the Church to the ends of the earth is the concern of a limited number of the Church, that a share in this growing life is not an essential part of every Catholic life. It is for the mission press to change these inadequate views of Catholic life and to discover to the faithful the real universality of Catholicism by bringing them in touch with the labors of the Church on the frontiers of the world, by showing the variety of peoples, nations and races, yet the one vivifying Spirit stirring in the midst of all. The mission press particularly portrays the grand struggle of the Church to unite all mankind in the unity of the Body of Christ and to implant that one humanity of which Christ is the Head, to realize the plan and the will of God to restore all men to the divine family, no matter who or where they may be. These things must become the concern of every Catholic. It is the purpose of the mission press to bring these truths to all without exception, if Catholicism here is not to fail in the greatest Catholic opportunity presented to us in our short history.

Shows variety of works undertaken by the Church in mission lands . . .

The mission press must further educate to an understanding of the variety of works undertaken by the Church in the mission fields and the part they play in the extension of the faith. It must show that God's argument of wisdom and mercy and love is manifested to the non-Christian world by hospitals, schools of all kinds, education in every branch of life, preaching and catechizing and administering the Sacraments. The faithful must be brought to see that there are many gateways to the faith and that all require their prayer and support. They must learn that the Church uses different methods and means depending upon the nature and needs of the people to whom she comes, but always with one purpose in view—the building up of the Body of Christ. The glory of the missionary vocation must be taught in order that vocations may be inspired. The supernatural character of this divine task must be made known in order that the faithful may be enlisted in a grand crusade of prayer for Christ's conquest of the world.

Most important phase of Catholic education . . .

The Children of God must be aware of what the Holy Father has called the greatest moment of Providence in the history of missions. The first and most important instrument for seconding the will of the Pope and impressing this realization upon the Catholic world is the mission press. While the missionaries are propagating the faith at the ends of the earth the mission press must propagandize the faithful at home on the great and hopeful crisis which confronts them. Surely one may say that there is no more important phase of Catholic education at the present time than the education in the missionary ideal of the Church. This is the importance of the mission press—the understanding and support that beautiful Catholic word and work, Propaganda.

To nothing is this more applicable than to the missions. Give to the missions and you will never want for works or zeal at home. Give to train priests and you will never lack vocations in your own country. Never lose an opportunity to awaken the missionary spirit about you, and you will awaken at the same time the spirit of zeal in your own parish. The missionary spirit is an act of faith and charity and love, and, as everyone who has to deal with it knows, it is rewarded a hundredfold.

—Archbishop Goodier

Mud walls and thatched roofs mark the homes of Pachperwa—Village of Five Trees

Doctoring Without A License

by

GERTRUDE EMERSON

(Reprinted from Miss Emerson's book, VOICELESS INDIA, through the courtesy of The John Day Company, New York, Publishers)

Besides the hundreds of ailing folk who came to my house, I saw numbers of others in their own homes. Whenever I walked about the village, a dozen people beckoned me to come inside and see somebody who was sick. Occasionally I was requested to go to another village, for some *purdah* woman unable to come to me. When I urged these women to go to the *zenana* hospital at Balrampur, where they could be properly treated by a woman doctor and nurses, I soon learned that I was wasting breath. There they continued to lie, pallid and suffering, in their dark airless rooms. And two or three months later I would hear that the wife of Ram the goldsmith or of the rich rent contractor of Baidmao or of the Brahmin constable of Pachperwa or the Mohammedan clerk at the police station had died, or worse still that the wife of one of the Marwaris of the bazar had gone insane as a result of septic poisoning.

My first "out patient" was the wife of Nagesher Singh, a neighboring Rajput. He collected the Maharaja's rents at Baidmo, a village three or four miles from Pachperwa. He also cultivated four hundred acres of land for himself and was the owner of Ram Piari—Beloved of Rama—an elephant I often rode. When Nagesher Singh first told me his wife was suffering from stomach trouble and wanted medicine, I answered that I could offer nothing without seeing her. Though his wife observed seclusion, he brought her to me in a covered bullock cart. The cart driver and an old servant held up a cloth between them, and the Peshkar, standing at a discreet distance on the far side, translated what Nagesher Singh's wife had to say. She was a woman of perhaps fifty. Her face was sallow, and its lines showed her sufferings. I felt then that she needed the very best care medical science could provide.

Village Mother and Child

Some weeks later Nagesher Singh's wife sent a messenger, asking me to visit her. Though I knew I could do nothing for her, I went as a matter of courtesy. The elephant, which was to convey me to Baidmao, was on hand at six o'clock with a Tharu *mahout.* I put my "kit" in the form of some soda and cascara, into the loose pocket of its capacious saddlecloth. After a pleasant ride of an hour across the fields, we reached the tiny village, in which the tiled roof of the *Thekedar's* dwelling stood out from the common thatch. A crowd lined both sides of the road, watching me in absorbed silence as I slid off the elephant. I was ceremoniously ushered inside the house, invited to sit on a square wooden bench spread with a rug, and offered a plate of nuts and raisins.

Astonished, I looked about me. I knew that Nagesher Singh was one of the so-called rich men of the tahsil. His wife was weighted down with gold ornaments. Yet I found the usual unpainted, windowless mud walls, a floor of pounded earth without covering, no furniture except the bench on which I was sitting and a string bed or two. A little painted tin trunk stood in a corner, and some saris and dhotis hung across a rope at one side of the room. Somewhere in the background of the inner court, presumably, was a deep hole, skillfully hidden, containing Nagesher Singh's hoard of silver rupees. But of comforts, as we know them, or even the things we look on as absolute necessaries, nothing! Except for its size, Nagesher Singh's house was essentially no different from the house of the meanest tenant from whom he collected rent.

Again I implored Nagesher Singh to send his sick wife to Balrampur. It was not Nagesher Singh who stood in the way, but the wife herself who refused to go. A high-caste purdah woman finds traveling very inconvenient. How will she observe caste rules about her food in a strange place like a hospital? Who will direct her household while she is gone? She would die of homesickness away from these mud walls which have been her little world ever since she came to them as a bride. And not very long after my visit, Nagesher Singh's wife quietly turned her face to the mud wall and did not look away again.

A house I often visited in Pachperwa was that of Sheobalak, a Hindu confectioner and leading actor in Asgar's company. His frail four-year-old daughter was much on my mind during the heat of April and May. About the nature of her ailment there had been no question. After obtaining careful directions from the district health officer, I gave her the necessary vermifuge. But the child did not get well. Whenever I passed her father's shop I would find her sitting forlornly on a low stool in the midst of the iron plates of sweets, a thin little bag of bones with dark circles under her eyes.

A few days passed without my seeing her. When I met Sheobalak on the road and asked after her, he answered, *"Achchhi hai."*—"She is all right." But one morning a relative came to the house, carrying little Dampati—Queen of the House—on her back. Her legs were as thin as match sticks, and she could no longer stand. Her lips were alarmingly white. She had ceased to take any food, even milk. It seemed that her tiny candle of life was flickering out.

Without proper nourishment, she had not the vitality to recover, but these days the bazar offered nothing suitable for a sick child to eat. Nor did Sheobalak's house provide any comforts or quiet. I had a sudden vision of it: the shop, noisy, dirty, crowded, hot; the back room, dark, full of acrid smoke from the cooking fire, cluttered with pots; the court, airless and sun-beaten, walls plastered with cow-dung fuel cakes, a baby wailing on a string bed under a protecting thatch. The parents were good people, very fond of their children, but how was goodness alone to help in this extremity? That night I hurriedly wrote to the English chemist at Lucknow, asking for the best preparation of children's food he could recommend, to be speeded by return mail.

It was the scientifically prepared food, I am sure, which really saved the child's life. Her appetite returned, color flowed back into the pale little face, her cheeks began to round out. Her father brought her around, not because she was still sick, but

because she said she wanted to see me. I would take her by the hand and say: "Will you come to America with me? Let us go!" It was always a great joke, that going away to America together. Dampati and I became very fast friends.

While Dampati was at her worst, I had suddenly been faced with another and even greater cause of anxiety. As I was leaving Sheobalak's house one day, some people begged me to come into a neighboring house and see a sick Bania. He was lying on a bed, groaning miserably, in a room overflowing with women, children, and babies. He had been sick only a few hours. With a shock, I perceived that he had all the symptoms Dr. Saxena had carefully described to me as those of cholera.

There was no time to speculate or wait for developments. I hurried back for the cholera medicine I had been supplied with some weeks before, a mixture of essential oils. As soon as I could return to the house I began by dosing all the members of the family with pills of potassium permanganate, setting an example by taking one myself. The household consisted of seven women and children and no other men—bad for the enforcement of any regulations. I gave orders that one cup should be devoted to the exclusive use of the sick man. As no lime was to be had in the village, ashes had to be substituted for sanitary purposes. A teaspoon of medicine was to be administered every half hour. The teaspoon I had brought along, but how were these women to know the time? A neighbor in the crowd filling the door space, more intelligent than the rest, volunteered to come and tell them. Then I cleared the place of the crying babies and directed that everyone except the old mother should stay out of the room.

The next morning when I went again to the house, I was badly frightened at the appearance of the patient. I hurried to the dispensary to consult the Doctor. The old Babupi, who never made house visits except with the prospect of a lucrative return, gave me a placid little discourse about the danger of going out in the heat of the day. But when I insisted, he sent with me his new compounder, as the dispensary assistant was called. The compounder took the sick man's pulse and temperature. Looking at me across the prostrate body, he remarked quietly in English: "He is dying. He will be dead by six o'clock." A violent attack of hiccoughs had come on, usually an indication in cholera of the approaching end. He had nothing to advise but a salt sponge. On the way back he stated that in his opinion the Bania showed a very clear case of cholera. I was immensely relieved, I must confess, to hear him say so. Up till then I had been asking myself many searching questions.

I sent off a letter to the district health officer at Gonda, giving every detail of the case and asking for more specific directions in the event of future need. As I was looking for a letter on the second morning, in walked Dr. Saxena himself. It was his duty to come, he explained. He or an assistant is expected to investigate in person and at once every case of cholera reported in the district. My letter had been the equivalent of such a report. Meanwhile, the Bania, in spite of the prophecy of imminent death, was still alive. We went to the house, and this time found him a little better, though terribly weak.

One very important thing had been neglected. Potassium permanganate should have been put in every one of the thirty or more wells of Pachperwa and its adjoining hamlets. It is really the duty of a patwari, the village accountant particularly charged with field records, to report cholera cases to the district authorities and immediately disinfect all wells. Our Patwari, when asked to explain his negligence, answered that he had only heard of the case that morning. He hurried off to perform his belated service, however, and for the next

Purdah women must travel in strict seclusion—in covered bullock carts or horse-drawn tongas such as these!

few days our villagers, rather unwillingly, were all drinking brilliant purple water. No more cases developed, and we congratulated ourselves that in Pachperwa, at least, a possible epidemic had been avoided.

But the surrounding countryside did not escape so lightly. Cholera was now raging in Basti. A woman who lived not far from Pachperwa, taken sick in Basti, returned to her own village and died the same day. Within two weeks there were thirty cases in that village, and fourteen deaths. Then a man from Bishenpur, only two miles from Pachperwa, attended the funeral of a victim in the first village. Two days later he was down. Still another man went to Bishenpur with a load of wood, spent the night and took a drink. He died in his cart just as he reached his own village late the next afternoon. So the infection was carried from one village to another.

Though villagers do not object to leprosy in their midst and have very little fear of smallpox, they have a great dread of cholera, from the swiftness with which death so often follows an attack. Many began to flee from the infected villages, spreading disease as they went. By the third week of June seven villages within a radius of six miles of Pachperwa were declared to have cholera in epidemic form. Of these, Bishenpur suffered most. During the month the epidemic ran its course here, 105 persons out of the 400 inhabitants were attacked and 33 of these died. Cholera epidemics vary in intensity from year to year, but they are always one of the chief scourges of India, where the mortality from cholera often rises to a half million in a single year. . . .

Although I tried to relieve a few of the immediate aches and pains of the thousands of Indians who came to me at Pachperwa, I knew that I was really accomplishing very little. It is food and education, not pills, that are needed in an Indian village. Dr. Saxena gave two talks on cholera and smallpox, one at my house for everybody who could be persuaded to come, and one at the school for the youngsters. He had a poor projection machine and a series of slides for each subject, stressing preventive measures. Between the two series, we sandwiched in Sindbad the Sailor for diversion. He also provided me with several large colored posters, graphically illustrating the danger sources for cholera, leprosy, plague, malaria and smallpox and showing the disastrous results of insanitary care of mothers during childbirth. These posters I tacked up around the east veranda, and Asgar Ali, Ram Lakhan, and the Ayah, once they caught their meaning, never tired of explaining to wondering audiences the origin of their all too familiar ailments. With the posters came several packages of illustrated leaflets in Hindi and Urdu, published by the provincial department of health. There was a great demand for these leaflets by the school children and everybody who could read, and others begged for them, to have translated.

Other opportunities of making practical demonstrations of one sort or another presented themselves from time to time, especially within the intimate circle of my own household. On one occasion a visiting leper who had had a quarrel with Jumai appealed to me to settle the dispute. Incidentally I learned he was a *Chain*, a member of the caste which goes to the jungle and collects catechu, the gum commonly chewed with pan, and then sells it to pan dealers. After the leper had departed I asked the servants if any of them had bought gum from him. The Ayah produced a large brown lump, and Din Mohammed a small one. With an eloquent warning about the danger of putting anything handled by a leper into one's mouth, I insisted that the gum should be burned. The Ayah protested that she had paid twelve annas for her lump, which she was not intending to use for herself in any case. It was only for Jawahir to sell in Balrampur!

Yet I constantly had to remind myself, in the primitive setting of the village, that modern science is too often taken for the whole of enlightenment instead of a fragment. Without modern science, ancient Greece was able to leave the Western world an intellectual and artistic heritage it has not yet outgrown. Shakespeare did not require the schooling of modern science to fathom the depths and heights of human nature. Without plumbing and with no conception of scientific prophylaxis, India in the past has produced great spiritual leaders out of just such insanitary litttle villages as Pachperwa, and may yet produce more. Health statistics are an index of an efficient concern or culpable lack of concern on the part of a government or administration for the welfare of its people, but they are not an infallible guide by which to judge the people themselves.

THAT HANDWRITING

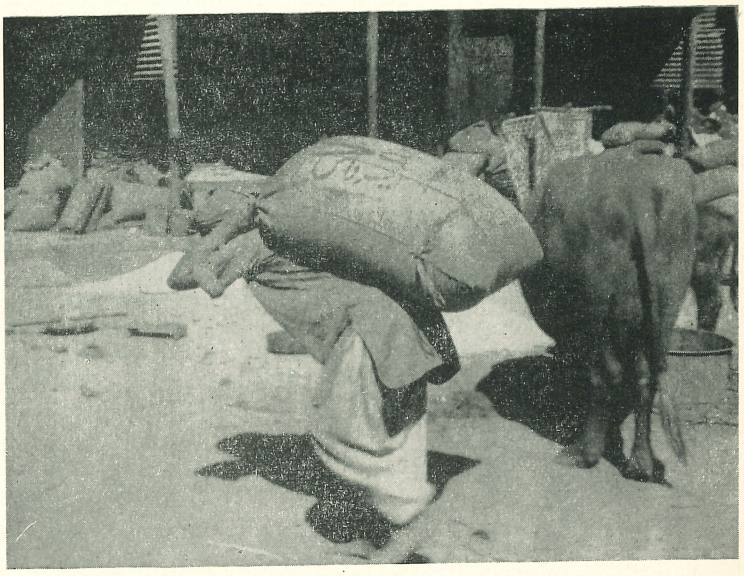
And there was the doctor who wrote out a prescription for a patient in the usual legible (?) hand which doctors use on such occasions. After having it filled the druggist returned it to the patient. For several years, he used it as a railroad pass. Twice he worked it as an invitation to dances, once as an invitation to a wedding. It came in handy as a letter from his employer to the cashier to increase his salary. And in the evening his daughter played it on the piano.

—The Catholic Hospital, India

Moving Day

by

Sister Ignatius Marie, S.C.M.M.



For the gwalior and his family moving meant piling their belongings on their heads and walking off with them!

A long time ago there was a popular song that extolled the arduous work of moving day. A fragment of it kept running through my mind as we watched the scene before us.

To begin at the beginning—several mornings during our stay in Murree last summer, the *gwalior* was late bringing the milk. When Sister Stephanie asked him about it he promptly offered a solution.

"My village is so far away that I cannot get here early, but if you will agree I will bring one cow and a calf from the village and stay with them in one of the small sheds here on your property."

This plan seemed to guarantee a prompt delivery of milk, so Sister agreed to it. All went well while she herself remained in Murree, but as soon as she returned to Rawalpindi, things began to change.

Perhaps the cow was lonely, who knows? At any rate a buffalo was brought up from the village. A few days later a second buffalo appeared and then a third with calf by her side.

A cow is large enough, but a buffalo is larger. One shed was no longer sufficient, so our tenants moved into a second without a "by your leave." A fourth buffalo appeared on the scene—a surly brute with wicked eyes, who brooked interference from no one!

In the end we had a cow and a calf, five buffaloes and a calf, a horse, a goat and two hens, not to mention the *gwalior,* his two brothers and his two sons, all inhabiting three sheds in the servants' quarters. Altogether it was rather a mob—too much of a mob to please us!

Then Sister Dolores delivered an ultimatum: "You will have to move out. We agreed that you could keep one cow and one calf here, and just look at all the animals you have brought! You will have to move."

"Oh Memsahib, where can I go? I have no other place." There were tears in the *gwalior's* voice as well as in his eyes.

It took several conversations and much persuasion before the *gwalior* realized that Sister meant what she said. Finally it registered, and so we had moving day!

Now do not picture a large padded furniture van backing up to the door! There is nothing like that here. If one is prosperous he may need a couple of bullock carts or a string of coolies who will carry anything and everything on their heads. But most of the people do just what the *gwalior* and his family did, they pile their belongings on their own heads and walk off with them.

From where we sat on the verandah, we had box seats for the whole performance. The youngest son was too small for a real load, so on the first trip he was allotted the two hens. Each of the four men took an oval galvanized iron tub (the feeding troughs for the animals). Into one they put two *dekshies* (handleless saucepans), a frying pan and the kitchen stove. This last was no great feat, for the stove was about twelve inches square, made of clay and standing about six inches off the floor. There was one hole for cooking. Four or five brass plates and brass cups were also put in the tub. That disposed of the kitchen and dining rooms.

Into the second tub went a pile of empty burlap bags and eight or ten empty tin cans, all sizes, from five gallon cans for kerosene to small tins for sliced bacon. The two remaining tubs were filled with milk pails which were really clean and shining.

The men lifted the loads onto their heads, shifting them once or twice until the balance was

satisfactory. Then, scorning to touch them again, they stalked off, one after the other. There is no smooth path down the mountain, and as we watched them make their way about and around the rocks, we expected to see the Lares and Penates go tumbling down at any moment. But no—the balance was perfect and away they went without mishap. About twenty minutes later they were back, minus the little chap who was left behind, apparently to guard the new domicile.

On the second and third trips, each man carried a large burlap bag of fodder or grain. The latter must have weighed close to two hundred pounds. Help was necessary to lift the loads to their heads, but once they were balanced they stepped off as easily as we would with a small hand bag.

The fourth trip, which disposed of the sleeping quarters, and so emptied the huts, was simple. Each man carried his own bedding, consisting of a woven straw mat and four or five old quilts or blankets. This was made into a long roll, tied with rope and carried on the head as easily as any fedora.

On the fifth trip the livestock was rounded up. First the cow was headed toward the road. How she knew where to go, I do not know. She appeared to be following her nose, but it took her the right way and of course the calf followed willingly. With a little persuasion most of the buffaloes fell into line, but Old Wicked Eye took a real beating with a stick as thick as a broom handle before she moved in the right direction. The horse, having no objection to a new home, followed quietly.

But the black goat topped off the party. She went in the other direction. She balked, she bucked, she set her four feet to the four points of the compass and stood fast, all the time vocally defying anyone who came near her. Twice she broke the rope around her neck. Finally one of the men produced a rope, nothing short of a miniature hawser, with which they dragged her off. If she arrived at her new home with her neck intact and still properly attached, it was nothing short of a miracle.

"Rip that carpet off the floor," does not apply in India. But there are plenty of other things to make up for it!

"Like An Elephant"

by

Sister M. Elise, S.C.M.M., M.D.

Patna is full of them—people walking down the street with legs like an elephant's, their feet swollen out of proportion—victims of elephantiasis.

"Like an elephant," that's what it means. It is an excellent description. Patna is full of them, people walking down the street with legs like an elephant's, the feet swollen out of proportion, no ankles visible at all and the calf like a pillar right up to the knee. The men are more conspicuous, on account of their shorter clothes, but it is equally startling to see a woman's foot sticking out from under her sari and wonder for a moment whether it really belongs to a human being. For some reason or other the disease seems to be most widespread among the coolies. It is a common sight to see two men staggering along under the load of a well-filled *palki* (carrying chair) looking like elephants tramping down the road. It would almost seem that they chose as their occupation that of the beasts of burden.

Elephantiasis is the end result of a disease called filariasis. The minute worms which cause this illness, filaria, are spread by mosquitoes. The disease is common in many areas, Central and Southern India, the South Pacific, Malay, etc. These worms develop in the lymphatic system, but they invade the bloodstream also and can spread all over the body. The "mother" worm remains in a lymph vessel in the lower limbs usually, but the "daughter worms," spawned at night, travel all over the body, setting up inflammations in various places, preferably the thighs, arms and breasts. Abscesses may occur, but generally the cellulitis subsides spontaneously, only to recur again later.

Eventually the lymphatics of the lower limbs become stopped up, the outflow of lymph and blood is retarded, and a chronic swelling, called "edema," is the result. This is a simple stasis, painless, very slow in developing and not causing any real illness. Gradually the legs thicken and lose their shape, the feet become cushiony, the

ankles disappear in rolls of hard brawny flesh and the famous "elephant's legs" appear. Once this is established the case is hopeless. No satisfactory cure, either medical or surgical, is possible. The active disease will die out, but the deformity will last until the grave.

The people themselves know so well that the disease is incurable in this stage that they do not even bother with Ayurvedic or homeopathic remedies, their usual refuge when western medicine admits its limitations. But even in the earliest stages cure is difficult and uncertain. The sulfonamide drugs will sometimes cut short the cellulitis and abscesses of the active phase, but that is only temporary and does not go to the root of the matter. Rest and tight bandaging of the legs will prevent or at least delay the onset of edema. But who wants to live in a tropical climate with both legs tightly wrapped in heavy elastic bandages? Antimony derivatives have not been highly successful. Foreign proteins and the innumerable indigenous medicines on the market all seem equally useless.

Prevention is better than cure and mosquito nets are by far the best way. Hence Europeans in India rarely contract this disease. The precautions against the much more prevalent and deadly malaria take care of filariasis also. But the poor, who cannot afford nets, are very apt to become infected especially in summer when they sleep outside, often by the roadsides or on the roofs of their houses.

Filariasis has a most interesting history. For many years the causative agent eluded all study and research, until Patrick Manson discovered that these little worms appear in the bloodstream *only at night*. The reason for this preference for a night life is still unknown. The cycle is reversed in patients who work at night and sleep during the day. Probably the relaxation of the blood vessels during sleep has something to do with it.

Until recently filariasis was of no importance in the United States. But since the men of the Armed Forces have been scattered all over the Pacific Islands, filariasis has become a real problem. It is not a deadly disease; mortality from simple filariasis is practically nil. But the resulting deformity is serious, because it is quite incurable. The danger of spread in the United States is not very great as all precautions against such a contingency are being taken. The disease has been quite common among the troops, exposed as they were to battle conditions in heavily infected areas. But now that proper living conditions can be maintained in most places, the worst of the trouble is probably over.

Even so, serious research to find a cure for this disease has been set in motion. A group of scientists from the staff of Columbia University has been working since 1944 to discover a better remedy than the usual antimony preparations now in use. Anthiomaline and other derivatives are being tested on patients in Puerto Rico when the disease is fairly prevalent, although not a major problem.

India itself, despite the enormous numbers of filaria victims, can hardly be expected to contribute much in the way of research on this disease. All the money and manpower available must be concentrated on the greater problems of health and disease. With millions dying annually from preventable diseases like cholera, smallpox, typhoid, dysentery and malaria, with a shocking infant mortality and widespread malnutrition, India has her hands full. The people themselves are completely indifferent to this disease. Occasionally they do become alarmed, for instance when a young marriageable girl shows symptoms of it. But ordinarily they just shrug their shoulders and put up with it. Yet, when American research produces the remedy, thousands of Indians will benefit also. Let us hope that time is near!

R. I. P.

Please pray for the repose of the souls of:

Rt. Rev. Msgr. Sylvester Higgins, Long Island City, N. Y.

Rev. Mother Mary Veronica, Glen Riddle, Pa.

Sister Mary Angela, Glen Riddle, Pa.

Sister M. Dorothea, Holy Cross, Indiana

Sister M. Eileen, Holy Cross, Indiana

Mr. Johannes Schafstall, Amsterdam, Holland (Father of Sister M. Henrietta, S.C.M.M.)

Mr. Frank X. Zeiler, Baltimore, Md.

Mrs. Alice Schwarz, Harrisburg, Pa.

Miss Clara Nachbar, Baltimore, Md.

May their souls and the souls of all the faithful departed, through the mercy of God, rest in peace. Amen.

THE HOLY FATHER'S MISSION INTENTION FOR FEBRUARY:

CHRISTIAN ZEAL TOWARD INFIDELS

"Dear Uncle Sam"

by

Sister M. Alma Julia, S.C.M.M.

Dear Uncle Sam:

Before me I have a typical picture of you torn out of a magazine—tall top hat with a band of stars, striped trousers, waistcoat decorated with stars. The stars and stripes! Your face looks somewhat like Honest Abe's. I never noticed that before. No, Lincoln's whiskers were not so long. Or is there supposed to be a resemblance?

Which reminds me that I owe you a letter of thanks.

Before I left America seven years ago I never thought much about you. You were just a hazy background, like the flag, schools, playgrounds, parks—just America. And I did not think you were worrying about me either.

Then came the day when I was assigned to our mission hospital in India. I had to get a passport and go through certain formalities. The passport is now before me and I find it quite exciting. Seven years ago it was just a necessary evil to allow me to go from America to India. Today I can read from it and find it quite romantic.

Let me quote one paragraph:

"I, the undersigned Secretary of State of the United States of America, hereby request all whom it may concern to permit safely and freely to pass, and in case of need to give all lawful aid and protection to Sister Alma Julia, a citizen of the United States."

Well, Uncle Sam, that sounds as if you were taking me under your wing. But looking back in the little book I also read: "This passport is not valid for travel in Spain." And a few pages further on: "This passport is not valid for travel in China."

So you could say where I could go and where I could not? Oh well, I was not planning on Spain or China at the time. In fact, my superiors would not allow it either. I was being sent to India by the shortest and cheapest route—missionaries, you know.

I thought I had left you behind in the U.S.A., Uncle Sam, which shows how little I knew about it. One of the first things I heard when I arrived here in Rawalpindi was that I should register with the nearest American Consulate. That happens to be in Karachi, a two-day trip from here. We did not have to go in person, but could register by mail, which I did.

It was nice having you there in Karachi, more and more so as the years went by and wars waged. Every once in a while I received a letter about something or other—once a year to remind me to let you know if I changed my address, every two years to remind me to renew my registration. One year you wrote to let us know that the President proclaimed the third Thursday of November to be Thanksgiving Day instead of the fourth.

This was a nice homey touch. It made you seem closer.

Then began our war with Japan.

You can see, Uncle Sam, where we are located in India. Rawalpindi is way up in the northern triangle with Kashmir State on the north-east border (China on the other side), Burma off to the east, and Afghanistan along the north-west frontier.

Of course we did not know much of what was going on until we saw it (censored) in American papers later. I remember that for a while there were rumors that the Russians were pushing down from the north. (That was before the Russians were our allies.) Then came similar rumors that the Germans were pushing in this direction. And finally Japan began its blitz across Indo-China, through Siam, through Burma, and even deep into the jungles of East India.

And you, Uncle Sam, knew quite a bit about it all.

One day you wrote to us from Karachi. Among other things you said:

"Arrangements have been made to provide steamer accommodation for the return to the United States of all Americans now resident in the Karachi Consular District

Writing is a sideline for Sister Alma Julia. Ordinarily she is very busy about the hospital — as pharmacist and medical technician.

whose stay in India is not essential to the war effort."

It was marked "strictly confidential", of course.

I am afraid none of us paid very much attention to that first letter. The general reaction was: "Well, now, isn't that nice of Uncle Sam to worry about us. But, of course, everything around here is quiet and peaceful. I guess they won't get this far."

We began to have A.R.P. lectures and demonstrations. You know what they are. The lectures were read to us by an Indian official with a beautiful yellow pugri. One detail he did impress on us at the time was that if the "enemy" did land here we had no A.A. guns, no planes—no nothing.

Then came another letter from you—"strictly confidential":

"The American Government has arranged for one of its vessels to depart from Karachi to the United States. This may be the last civilian transport. All Americans who are not engaged in work directly bearing on the war effort and who are willing to risk travel by sea are **urgently advised** to take advantage of this opportunity."

We talked it over that evening. Were we necessary to the war effort?

Well, we were a hospital. If the town were bombed, who was to take care of the casualties? We had already been assigned as a First Aid Center. Posters and notices on the streets stated that in case of bombardment the women and children were to be taken to Holy Family Hospital and the men to the Hindu hospital.

Perhaps there would be no civilian casualties. The streets were already lined with lorries and trucks of all kinds and vintage waiting to evacuate women and children to the outlying villages. But wouldn't we be needed for the wounded soldiers? We decided to wait.

It must have been just when everything was most critical that you wrote again: (We thought the last boat was gone, but apparenly a troopship was being placed at the disposal of late leavers.)

"Lack of funds, fear of inability to convert rupees into dollars, uneasiness about the prospective financial outlay required for railway travel, hotel expenses at the port of embarkation (should departure be delayed) or about passport or visa formalities, should deter no American who wishes to go from proceeding to the port of embarkation. The U. S. Government has set up an emergency procedure which, it is hoped, will take care of all such cases adequately and promptly."

Again we were urged, at the end of the letter, to go "while there is still opportunity to do so."

Dear Uncle Sam! You certainly made us feel like members of the family that time. Actually the tears came to my eyes. The Superior said, "Anyone who wants to go is free to do so," but no one seemed interested.

Then came your final letter. You were a little cross this time, poor Uncle Sam!

"The duty of the U. S. Government towards its citizens in war areas has been performed when it has informed them that a dangerous situation exists and has invited them to leave. . . . The Government, however, cannot compel the return of its citizens and the decision whether to go or to stay is a question that each individual must decide for himself."

Yes, Uncle Sam, you did your part. If anything had happened to us it was our fault, not yours. But fortunately for us, the European war changed its course, Japan was turned back and the war ended.

A lot of things happened—the "American invasion of India" as the papers playfully called it—the development of air-supremacy in this section. (Rawalpindi soon had one of the largest centers for training pilots and paratroopers in this part of the world.)

And now, with everything over, I feel that I have delayed too long in saying, "Thanks, Uncle Sam".

Your affectionate niece,
Sister Alma Julia

The Society At Home

SISTER M. BENEDICT

AT HOME

Graduation and a new M.D. . . .

January brought a graduation—and, of course, a celebration—when the Medical Missionaries added one more M.D. to the roster. The new M.D. is Sister M. Benedict Young, who received her medical degree from Woman's Medical College of Philadelphia on January tenth. Sister Benedict is from Philadelphia and is a graduate of Hallahan High School in this city. Before entering the Society she completed her pre-medical studies at the University of Pennsylvania. She is the seventh among our Sisters to study and receive her medical degree as a member of the Society. She will begin her internship at Misericordia Hospital, Philadelphia, on April first.

INDIA

Mother Dengel writes . . .

We have first hand news from Mother Dengel this month—a letter written just two days after her arrival in Rawalpindi. We know you are anxious to hear from her too—so we share her news with you. . . .

"Just a little sign of life from India to tell you that we arrived safely and quickly. We stopped for a few hours only in Port Said and came to India in record time. The coolies are scrambling and shouting as much as ever, and the crowds in the cities seem greater than ever—at least it appears so after a long absence. The street pageant is so colorful and varied. Sister M. Stephen and Sister M. Augustine were overwhelmed at first with all the new impressions.

"We were delayed four days in Karachi because five hundred pilgrims had just returned from Mecca and the trains to Lahore were so crowded that no accommodations could be had. However, our stay in Karachi was very pleasant. I met old friends who had been patients of mine long ago. They extended most generous hospitality to us and treated us with Indian curry, etc. We stayed at the Nursing Home of the Franciscan Missionaries of Mary. The Prefect Apostolic took us to visit several missionary communities, including the Indian Sisters of Christ the King. Two of these Sisters are now in training in Rawalpindi. Their habit is very interesting—an Indian sari with three red stripes for a border.

Journey to Rawalpindi . . .

"On our way to Rawalpindi we traveled second class. The compartment, one for ladies, was crowded with fellow passengers, all very nice Indian women. Some were the modern, educated type. The latter is growing very rapidly and it was pleasant to be able to converse with them and discuss things. All were most friendly and generous, offering us curry, fruits, etc.

"One can see that the Indians have learned much during the war. When they were cut off from Europe and Japan, they began to manufacture a number of things for themselves, for instance, hospital equipment, syringes, silks, fertilizers and many other products. They are even getting out an Indian made car now and have great plans for the extension of roads, railways and medical services. All in all, there is much progress to be seen, even in a few days' stay.

In the hospital and dispensary . . .

"My first day here I went over to the hospital. It is brimful and really very nice. All the patients seem to be quite **khushi,** which means happy. In the nursery are several babies and children who have been given to us. One of the babies had been left at the railway station and brought to us. The others were born in the hospital and left here. When they are a little older they are adopted out to Catholic parents or sent to the Catholic orphanage.

"The dispensary was crowded. One Christian woman came with a tiny baby peering out from its many wraps. The baby was quite emaciated and the chances for its life are poor. The mother lost her first baby ten years ago, and this is the first she has had since.

The only chance . . .

"At once I thought, of course, that the only chance for the baby's survival was to admit it to the hospital. But admitting it without

and Abroad

giving it special care would not help either. And how is it possible to special a tiny baby with so many patients and so few Sisters! So on the first morning I already had the heart-rending experience of wanting to do something to save a life and help the parents — and being up against it for lack of Sisters.

"Later on I went out to see the site of the new hospital. At present it is just a large open space with fields and fields all around and mountains in the background — very nice. When we begin to build homes will spring up. Let us hope that will be very soon!"

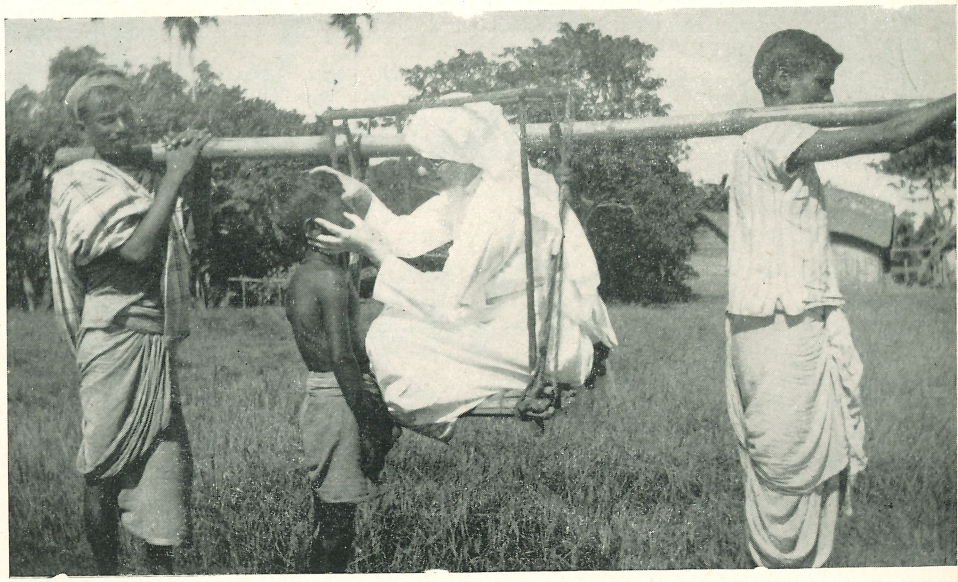
MARY GIRI

Since Sister M. Pauline has told us how to picnic "Mary Girl style," we've been anxious to try it too. Perhaps you will want to do the same!

Sister Pauline writes: "The other evening we had a picnic at the end of our compound. Two novices went an hour early and started a huge fire and roasted tapioca and bananas and made the coffee. You might want to try the bananas some time. The principle is the same as baking potatoes. Put the bananas in their 'jackets' in the hot ashes. When the skins are blackened, take them out, remove the skins and wrap them in clean leaves. If you like you can also cut them lengthwise through the center and stuff them with butter and grated cocoanut. The bananas should be eaten hot.

No dish-washing!

"On picnics here we do not bother with plates but take large leaves instead. I have forgotten what leaves you might have around which would do—perhaps you have none large enough. We have a shrub in our garden here with leaves about the size of a saucer. The edges curl up also, to make a very nice little 'dish'."



Enroute on a call, Sister M. Laetitia gives first aid.

PATNA

From Holy Family Hospital in Patna Sister M. Elise writes: "We have been very busy lately, trying to do all sorts of things besides running a 150 bed hospital, so it seems. One of them was making an exhibit of a new born nursery for the Nurses' Convention in Delhi. I just saw it off this morning, with two of the student nurses and with a thankful heart that it was finished! Sister Hedwig did the lion's share of the work, sewing and fiddling around with miniature thermometers, powder boxes and dressings, etc.! The exhibit did look very nice when completed.

"You may wonder why we picked a new born nursery as a subject for an exhibit, but it's a fact that hardly any Indian hospital has one. The babies are kept with the mothers and looked after by their grannies. Most people open their eyes wide when they see our nursery. Hence the project."

WHY MEDICAL MISSIONS?

The health and well being of our neighbor at home and in distant parts of the world can no longer be ignored. Medical work must play an important role in Catholic mission work of the future.

Mother Anna Dengel, M.D., has drawn upon her many years of experience and knowledge of medical missions to give a survey of the field in—

MISSION FOR SAMARITANS

Illustrated, cloth, with discussion outlines if desired.....$2.25

Twenty-five per cent discount to schools for quantity orders.

MEDICAL MISSION SISTERS
8400 Pine Road Fox Chase Philadelphia 11, Pa.

Design for Living

IT is true that there is nothing nobler in man than his mind and reason; but he who would live happily must not live only according to reason, for that would be to live by human standards. To live happily is to live according to the mind of God; wherefore, the human mind must not be satisfied with itself, but must surrender to God.

—St. Augustine